

THE TUBERCULOSIS ASSOCIATION'S PLACE IN THE CALIFORNIA HEALTH PROGRAM *

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WHAT is the objective of Public Health? There have been several definitions given, but this seems to cover the subject briefly: it is the prevention of unnecessary illness and premature death.

What is the objective of a Tuberculosis Association? Authorized forms of tuberculosis work state "that it is the education of the individual and community, to the end that tuberculosis may be prevented and adequate provision be made available for diagnosis, treatment, and rehabilitation."

In both of these objectives we have one outstanding similarity, the word "prevention." Therefore, we might say that, from a broad outlook of public health, both have the same purpose in mind, although this Association's work to this point has been specifically tuberculosis.

There has been a marked trend in the past two years toward generalization of our health education programs, and the effect of the war may speed up this trend. One cannot isolate our health education programs for tuberculosis from health education generally.

Briefly, we are now faced with the fact that California is rapidly becoming an industrial state. With this development, we will have the usual accompanying problems, such as overcrowded housing conditions, inadequate medical and hospital care, overtaxed sewerage systems, improper food sanitation, and inadequate garbage disposal, all elements requisite for a serious epidemic. We are now faced with the stern fact that many of our citizens will be returning from the Pacific and other war zones where they have existed under living conditions beyond our comprehension. With them will come contagious diseases hitherto unknown. California will bear the brunt of prevention of the dissemination of these diseases throughout the nation.

It is the opinion of the speaker that the Association can adopt a total health program and that serious consideration should be given to such a procedure immediately.

Some of our posters and literature can be generalized, and it may be that after years of concentration on tuberculosis education a curt, brief sentence here and there on that subject will make a sufficient impression. General health education can be given in all groups contacted for x-raying, such as food handlers, selective service and industrial plant rejectees, students, teachers, clinic and hospital admissions. The Association could provide assistance in increasing budgets of health departments, and encouraging students to become interested in public health careers, for hundreds of well-trained workers will be needed to face the old and new problems; assistance and leadership in

solving medical problems for industry, providing health education for housing units and encouraging health surveys, that communities may be ever alert to their changing health conditions. Health libraries could be provided for schools, stressing the education of both the teacher and the pupil. These health libraries should be a growing institution, with new information added when available. Comprehensive, outstanding health books could be provided from Association libraries for use of the teachers and others. Some of our health films could be more general in their treatment of health subjects.

The past record of performance of the California Tuberculosis Association proves its value as a volunteer health organization for the prevention and cure of tuberculosis. No other volunteer health group is better equipped for mass application of the principles of public health.

In 1905, speaking at the first annual meeting of the National Tuberculosis Association, Doctor Trudeau said: "The first and greatest need is education; education of the people and, through them, the education of the State." Tuberculosis is not specifically mentioned in that statement, although we know that it was applied to that subject. Applying it to public health, it has the same truth and the same power as to a broader field of possibilities.

The postwar period will include rebuilding of the health of the peoples of the world. It will require strong healthy citizens. To the volunteer agency falls the task of pioneering, exploring and interpreting to the public the need of official agencies and supplementing the work of such agencies. All this we have done in the past as applied to tuberculosis. We are now in a position to accept the challenge to apply our knowledge and ability to perhaps the largest health problem we have ever faced.

Route 1, Santa Paula.

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I SHOULD like to express a somewhat different interpretation upon the matter under discussion. I admit that we are greatly influenced by conditions which confront us locally. These we see, whereas the situation as it exists in other parts of the State and nation we are made conscious of only by "what we read in the papers." Thus, as practicing physicians working under forced draft, we visualize our community still faced with a rather high tuberculosis incidence and mortality rate. We are told that we may easily expect these rates to rise as the result of conditions to which Doctor Halverson referred, namely, nutritional deficiencies, crowded housing conditions, etc. We are conscious of the

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* From the Fresno County Medical Society.

Synopsis of a paper read before the California Trudeau Society and the California Tuberculosis Association, Fresno, April 7, 1943.

fact that methods for the prevention and control of tuberculosis have changed since many of the busy practicing physicians received their training. The public, we feel, is still very much in the dark, with reference to some of the very elementary concepts of disease prevention.

Consequently, it is our opinion that the time has not yet arrived whereby we can safely forget or even subjugate our intensive efforts as an association toward the eradication of "the white plague." The idea has been expressed here today in favor of the isolation and forceful quarantining of recalcitrant patients as a means of stopping one of the leaks. No sooner had the idea been voiced, however, than the feasibility of the proposal was challenged. Who is to decide the issue? Our Association, with its limited specialized activity, will be expected to lend its influence, one way or another. The public wants this, for it is they who contribute annually their pennies and dollars to us for one purpose alone, namely, to fight tuberculosis.

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COMBAT AND CONSUMPTION*

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THE military significance of tuberculosis, the effect of the tubercle bacillus on the course of battles, campaigns, and wars, has received little attention. Biographical historians have commented on individual generals who were stricken, and survived or succumbed to the disease, and the historical changes that might have attended a different outcome, but acute diseases have been even more emphasized in this connection. Relatively few of the casualties among the armed forces during the actual conflict are ascribed to tuberculosis. Humanitarian feeling and economic motives, as well as recognition of cold military considerations, have generally been responsible for the measures which have been taken by the armed forces with regard to the disease.

TUBERCULOSIS AND THE SOLDIER

Nevertheless, in the development of total warfare to the prolonged process of attrition which is characterizing the present conflict, tuberculosis assumes an importance which may become decisive. The nearer a consumptive is to the front lines before he becomes incapacitated, the greater is the resultant loss to his country, not only from his own disability, but from the expenditure of material and effort required to bring him up the front line only to find him ineffective, the corresponding cost of his evacuation, and the strain on the limited medical and other facilities at the front. All of the expenditure of time, money and material, and especially of available facilities for train-

ing armed men, which is wasted on an individual who becomes incapacitated by tuberculosis before he can be utilized fully in battle detracts from the fighting chances of his country. The elimination of active consumptives, or the potential victims who are most apt to develop active disease, from the armed forces at the earliest possible time, before rather than after enlistment, therefore becomes a matter of practical military importance. There is a special danger for the armed forces in that the battlefields of this war are apt to occur in the very places where tuberculosis abounds. Philippines, Japan, Chile, Morocco, Greece, Italy, Spain, Finland, and Poland have been particularly affected, and soldiers there are exposed to massive infection from tuberculosis as well as to the machinations of the human enemies.

TUBERCULOSIS AND THE CIVILIAN: UNDER WAR-TIME CONDITIONS

Tuberculosis among the civilian population also is of military importance. The man-power reserves, from which future enlistments may be sought, are dependent to no small measure on the general levels of civilian vitality. Thus, the fact that, of the population of the United States today, less than one-fourth are too young to bear arms, or under 15 years of age, while at the time of the Spanish-American War, in 1900, more than one-third, or 40 per cent more of the population were of no military value for this reason, has a direct bearing on our military prowess. The high death rate among the Japanese, from tuberculosis and other causes, leaving her with a population nearly half of whom are under military age, may go far in winning the war for us.

The fact that tuberculosis strikes hardest at the ages of greatest military value, from 18 to 45, not only increases its potential danger to the armed forces, but also causes a great loss in man power for war industries, agriculture, and the many civilian activities essential to the continuance of the war economy. The lowered fertility of the tuberculous woman, the reluctance of the tuberculous man to assume the obligations of parenthood, mean further depletion of national reserves for future conflicts.

The severe drain on the economic and social, as well as the man-power resources of the country resulting from tuberculosis also constitutes a factor of importance in military logistics. Whether in an institution or at home, whether cared for by taxes, charitable organizations, relatives or friends, or his own accumulated savings and paid attendants, the patient with tuberculosis requires accommodations, materials, medical and other personal services, which are thereby made nonavailable for the armed services. Resources spent in caring for tuberculosis patients cannot be used for military purposes; the failure to isolate and care for patients with tuberculosis results in even more wasteful expenditures.

WHAT STEPS SHOULD BE TAKEN?

Consideration of the effect of tuberculosis on the conduct of the war, and of the effect of war

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The opinions and assertions contained herein are the private ones of the writer and are not to be used as official or reflecting the view of the Naval Department or the naval service at large.